

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		1/5	11/29/01
FORMALITY REVIEW	TZ	JC943	02/15/01
RESPONSE FORMALITY REVIEW	mph	1020	5-24-01

### INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ N Non-elected  
☐ I Interference  
☐ A Appeal  
☐ O Objected

Claim	Date
Final Original	
1	10/01
2	04/02
3	05/02
4	11/02
5	05/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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